

Acute Coronary Syndromes

THE EFFECT OF INSURANCE STATUS ON TIME TO PCI FOR PATIENTS WITH STEMI: FINDINGS FROM THE CATHPCI REGISTRY

Poster Contributions

Poster Sessions, Expo North

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Authors: Andrew Herring, Harrison J. Alter, Steffie Woolhandler, david Himmelstein, Alameda County Medical Center, Highland Hospital, Oakland, CA, USA

Background: We evaluated whether insurance status is associated with delays in PCI reperfusion for patients with ST elevation myocardial infarction (STEMI).

Methods: We analyzed data from the CathPCI Registry[®]. Median DTB time, patient demographics, clinical history and hospital characteristics were analyzed and stratified by transfer status. Adjusted differences in DTB time by insurance status were calculated by multivariate quantile regression.

Results: Between July 1, 2009 and June 30, 2011, 69,449 adult patients under the age of 65 underwent primary PCI for STEMI. Unadjusted median DTB times were longer and more variable among transferred patients (see Table). Transferred patients with private insurance had lower unadjusted median DTB times (-3 min; 95% CI = (-4.7,-1.3); P<0.001) while those with Medicaid had higher median DTB times (5 min; 95% CI = (2.0-8.0); P=0.001) when compared to patients without insurance. After multivariate adjustment, only the difference between private and uninsured patients remained statistically significant (-1.8 min; 95% CI = (-3.4,-0.2); P=0.03). Similar results were seen for the comparison of median DTB between uninsured and Medicaid patients among those not transferred (unadjusted: 3.0 min; 95% CI = 1.9-4.1; P<0.001) and adjusted: 1.5 min; 95% CI = (0.4,2.6); P=0.008).

Conclusions: In this large, multicenter cohort of STEMI patients undergoing PCI, there was a small but statistically significant delay in DTB time for Medicaid and uninsured patients.

DTB Time (minutes) across insurance payer status

Insurance Payer Status	Transferred Patients N=18,151	Non-transferred Patients N=51,298
	Median (Q1-Q3)	Median (Q1-Q3)
Uninsured	114 (90-149)	60 (47-74)
Private	111 (89-144)	60 (46-75)
Medicaid	119 (93-155)	63 (47-77)
Other	116 (93-155)	61 (47-75)